

ISSUE SLIP STAPLE AREA (or additional) (cross reference)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			
<b>INDEX OF CLAIMS</b>			
✓	Rejected	N	Non-elected
=	Allowed	I	With Precedent
- (Through numeral)	Canceled	A	App'd
C	Restricted	O	Objected
Claim	Date	Claim	Date
Final Original		Final Original	
1	11/25/03	51	101
2		52	102
3	V	53	103
4	V	54	104
5	V	55	105
6	V	56	106
7	O	57	107
8	V	58	108
9	V	59	109
10	V	60	110
11	V	61	111
12	V	62	112
13	V	63	113
14	V	64	114
15		65	115
16		66	116
17		67	117
18		68	118
19		69	119
20		70	120
21		71	121
22		72	122
23		73	123
24		74	124
25		75	125
26		76	126
27		77	127
28		78	128
29		79	129
30		80	130
31		81	131
32		82	132
33		83	133
34		84	134
35		85	135
36		86	136
37		87	137
38		88	138
39		89	139
40		90	140
41		91	141
42		92	142
43		93	143
44		94	144
45		95	145
46		96	146
47		97	147
48		98	148
49		99	149
50		100	150

If more than 150 claims or 10 actions  
staple additional sheet here

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